

Testify: Mister Chairman Mendenhall and members of the committee my name is Vicky Byrd (spell name) I am a Registered nurse certified in oncology, I am here on behalf of the patients I serve and am a member MNA. I currently work in a hospital based outpatient oncology center. I have been a nurse for 18 years specializing in pediatrics and oncology.

I am a proponent for HB 605 for I know the importance of patient advocacy and patient safety.

It is my understanding The BOME was to establish education requirements and scope of practice related to the use of medical assistants and failed to sufficiently do this.

It is the BOME job to protect the public and the previous attempt at rule making regarding medical assistants didn't protect the public and this bill does that.

If medical assistants were allowed or are giving for example (IV) intravenous sedation or chemotherapy or blood products, to name a few, this puts our public at risk as they are practicing nursing without a license and do not have the education to safely assess, treat, and evaluate your family members and our public.

There is fear of losing one's job if the nurse fails to monitor the medical assistant, this is delegation that all nurses should decline FOR as nurses we have no jurisdiction or statutory authority to supervise medical assistants and it is solely up to the doctor.

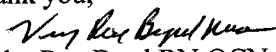
Being an Oncology nurse I also belong to the Oncology Nursing Society and hold the position that the repetitive performance of a common task or procedure that does not require the professional judgment of an RN may be delegated to unlicensed assistive personnel. I believe in this bill it addresses the allowable common tasks or procedures not requiring professional judgment that can be safely delegated therefore helping to ensure public safety.

It is a researched and proven fact that patients mortality and morbidity significantly decreases with care from a nurse. We are educated, licensed, and monitored to ensure public safety. By requiring medical assistants to be certified, those who have completed a course of study, and have clear guidelines regarding clinical tasks and responsibilities helps ensure public safety when seeking health care.

I have personally had patients describe experiences with assistants at a variety of different health care providers and the outcomes have been less than desirable. An example of an adverse event was upon questioning a patient further a non licensed non certified personnel attempted access to a implanted central line multiple times bruising her entire right chest area. The patient stated they never did "get the needle in" my concerns immediately was did they fracture the catheter, assess for signs and symptoms of infiltration and other adverse reactions. This bought this patient an expensive dye study to confirm patency and functionality of her catheter as she needed it for ongoing chemotherapy. Only a Registered Nurse or Physician is to access such a device as it is a central line and can only be assessed by an RN or MD.

Without certification and education of medical assistants there is no way to ensure safe patient care, no way to monitor quality, and no way to evaluate. Professional guidelines must be established to support working effectively and collaboratively with other health care members.

Thank you,


Vicky Rae Byrd RN, OCN